



Department
Of
Economic and Community Development
59 State House Station
Augusta, Maine 04333

POLICY STATEMENT #14

Subject: ***CDBG Benefit Data Systems & National Objectives***

Revised: **03/04**

The following outlines activity data and tracking requirements for Maine CDBG Program grant recipients. The benefit tracking system summarizes the household, race, gender and income data for beneficiaries of CDBG programs which is reported to HUD.

Housing Assistance Grantees

Communities with housing rehabilitation programs must maintain specific data on all program applicants for rehabilitation assistance whether they actually receive benefits or not. Sample forms for both single-family owner occupied units and tenant occupied units are attached. All grantees rehabilitating these two types of housing units must use both forms as needed. Staff from this office will look for up-to-date and complete forms during monitoring visits.

Documentation by Housing Type

Single-Family Owner Occupied Units - The Housing Rehabilitation Benefit Data System must be maintained and include information for all households applying for rehabilitation assistance. This information is the minimum amount to demonstrate compliance with program benefit and civil rights requirements. The Civil Rights Technical Assistance Handbook serves as a guide to the CDBG civil rights requirements.

Tenant Occupied Units - The grantee must prepare a Project Occupancy List and include information for all households residing in rental units applying for rehabilitation assistance. This form provides data for compliance with program benefit and civil rights requirements as well as tracking tenants living in the assisted building before and after rehabilitation begins or those who might move in as the work progresses. This tracking includes data on monthly rental payments, dates of notices sent to tenants concerning displacement, information on temporary relocation payments and notification dates to tenants of any rental increases during rehabilitation. The purpose of this tracking is to determine if any tenants are displaced due to the rehabilitation activities and therefore eligible for relocation assistance. As a result of recent changes to the Uniform Act and the Community Development Act, all grantees must be aware of the procedures to properly identify displacement and, if it occurs, to provide the proper benefit as required under the Uniform Act or Section 104(d) of the Housing and Community Development Act of 1974, as amended. Those communities displacing residents should request HUD Handbook 1378, which outlines the Uniform Act and Section 104(d). If you have any questions about these requirements, the Housing Rehabilitation Benefit Data System or Project Occupancy List, please contact your assigned Project Development Specialist at the Office of Community Development.

SPECIAL REQUIREMENTS FOR RENTAL REHABILITATION

In accordance with Section 104(d) of the Housing and Community Development Act of 1974, as amended special measures must be taken to notify tenants, in units that may be rehabilitated, of their status concerning potential displacement.

STEP 1: Each affected tenant must receive a written notice of their status after an application for rental rehabilitation assistance is submitted. A sample of this written notice titled, Guideform General Information Notice - Residential Tenant That Will Not be Displaced, is attached.

This notice states that the rehabilitation should not cause displacement and that the tenant will not be required to relocate. It further states that in the event that the tenant must relocate temporarily, suitable housing will be provided to the tenant by the grantee and that the tenant will be reimbursed for all reasonable extra expenses including moving costs and increases in other housing.

STEP 2: Once the application has been approved but before rehabilitation begins, each affected tenant must receive an additional notice that verifies that the tenant will in fact not be displaced. A sample notification titled, Guideform Notice of Nondisplacement to Residential Tenant, is attached. This notice outlines the tenant's rights and the grantee obligations.

Special Consideration:

If the grantee is considering acquiring a building that contains rental units, the above process is not acceptable. All acquisitions must adhere to the policies and procedures outlined by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA). For further information on Acquisition/Relocation contact your assigned Project Development Specialist at the Office of Community Development.

PUBLIC FACILITIES & PUBLIC INFRASTRUCTURE PROGRAMS

Communities implementing Public Facilities and Public Infrastructure programs must record demographic information for all households contained in a target area or entire community depending upon the area served by the CDBG activity. This information must be recorded on the Beneficiary Profile and be submitted to OCD during Phase II. The demographic information is garnered from local survey forms or, for HUD listed 51% LMI communities, from U.S. Census Data. You may access this data for your community online at <http://www.census.gov/prod/cen2000/dp1/2kh23.pdf>

PUBLIC SERVICE PROGRAM

Communities with public services programs must maintain specific data on persons receiving benefit from activities using CDBG funds. A sample form is included. The Office of Community Development will look for up-to-date and complete forms during monitoring visits.

Information: The Public Services Benefit Data System must be maintained and include information for the households of everyone receiving the public service assistance. This information is the minimum amount required to show compliance with program benefit and civil rights requirements. The Civil Rights Technical Assistance Handbook serves as a guide to the CDBG civil rights requirements.

ECONOMIC DEVELOPMENT PROGRAMS (JOB CREATION/RETENTION)

Meeting a CDBG National Objective

Communities receiving CDBG funds for economic development activities must meet the CDBG program national objective of providing a benefit to persons from low and moderate-income households (LMI). Communities must also gather and maintain certain required civil rights information. Program benefit is either the creation, or retention of jobs, taken by, or made available to low and moderate-income persons. To meet this objective, the businesses receiving assistance from the community for economic development activities must show, through income verification survey forms and documentation, that 51% of the jobs created or retained through the use of CDBG funds are taken by or were made available to LMI persons whose family income for the 12 month period prior to being hired was at or below the LMI limit. **In addition, a minimum 30% sampling of survey forms claiming LMI income status must be verified by income documentation consisting of tax returns, pay stubs, etc.**

Communities that have provided assistance to businesses that do not meet the 51% job target must pay back the full amount of the CDBG funds received.

Job Documentation – Job Creation Projects

Communities using job creation to meet a CDBG national objective must provide documentation from the assisted business that 51% of the jobs as result of the CDBG funded activities are either taken by or were made available to LMI persons.

To meet the “taken by” standard, the assisted business must survey all workers hired as a result of the CDBG assistance to determine their household size and their annual household income. If 51% of the workers hired meet the income eligibility requirements for the business’ location, the business will have met program benefit requirement. Generally businesses will have two (2) years from CDBG funded project completion to meet this goal. However, this time period may be negotiated at the time of grant award at the discretion of the Office of Community Development. All income verification documentation must be maintained on file at the community office and at the business. If the community does not provide documentation that the assisted business has reached this goal within the designated time period, the full amount of the CDBG award must be returned to the Office of Community Development.

Job Documentation – Job Retention Projects

Communities using job retention to meet a CDBG national objective must provide documentation from the assisted business that 51% of the jobs retained as a result of the CDBG funded activities are held by low and moderate-income persons. In addition, they must demonstrate through public means that, but for the CDBG assistance, the jobs would be lost. Letters to employees announcing layoffs, public declarations such as meeting announcements and through media reports may meet this.

To meet these standards, the assisted business must survey all workers in the jobs retained as a result of the CDBG funded activities to determine their household size and their annual household income. If 51% of the workers in those positions meet the income eligibility requirements for the business’ location, the business will be deemed to have met benefit. Each worker occupying a retained position must complete income verification documentation to ensure that they fit into the income limit for the business’ location. All income surveys must be maintained on file at the community office and at the business.

If the income documentation reveals that individuals hold less than 51% of the retained jobs from low and moderate-income households, the business must achieve this goal within two

years through replacement of workers during normal employee turnover. However, this time period may be negotiated at the time of grant award at the discretion of the Office of Community Development. If the community does not provide documentation that the assisted business has reached this goal within the designated time period, the full amount of the CDBG award must be returned to the Office of Community Development.

Documentation Requirements

All documents collected to demonstrate that a CDBG national objective has been met must be kept on file at the community and at the business. These documents and the information thereon are strictly confidential and must be protected from public access.

Written Agreement Requirement

Communities participating in CDBG funded economic development programs must have a written agreement assigning responsibility for CDBG job creation/retention requirements to the recipient business. The OCD strongly recommends that this agreement include a statement assigning responsibility for repayment of CDBG funds if the job goal is not met to the recipient business. If the community chooses not to assign this financial responsibility to the recipient business, please remember that the special conditions section of the contract between the DECD and the community will require the community to repay the CDBG funds if the job goal is not met. In either case, the agreement must be approved by the OCD prior to any disbursement of funds.

SLUM AND BLIGHT

A definition of a slum and blighted area can be found in the MRSA Title 30-A, Chapter 205, 5202. The following definition of a blighted area will serve as a starting point in determining if the proposed area in your community may qualify under this national objective.

- A. An area in which there is a predominance of buildings or improvements which are conducive to ill health, the transmission of disease, infant mortality, juvenile delinquency or crime and are detrimental to the public health, safety, morals or welfare because of:** 1) Dilapidation, deterioration, age or obsolescence; 2) inadequate provision of ventilation, light, air, sanitation or open spaces; 3) high density of population or overcrowding; 4) the existence of conditions which endanger life or property by fire and other causes; or 5) any combination of these factors.
- B. An area which is a menace to the public health, safety, morals, or welfare in its present condition because of:** 1) the predominance of inadequate street layout, unsanitary or unsafe conditions; 2) tax or special assessment delinquency exceeding the fair value of the land; 3) the existence of conditions which endanger life or property by fire and other causes; or 4) any combination of these factors.

The important thing to remember is that it is necessary to target an **area** to meet this national objective. This area must be defined by the applicant and shown to have contiguous boundaries and interrelated problems causing the **entire area** to be blighted.

In addition to the state definition of blighted area, the HUD rules for CDBG Program activities defines further what conditions must exist for an area to be considered blighted. These conditions are: 1) the local area meets the definition of a blighted area under state or local law; 2) throughout the blighted area there is a **substantial** number of deteriorating buildings or the public improvements are in a **general** state of deterioration; 3) the CDBG activities will address one or more of the conditions which contributed to the deterioration of the area; and 4) records are retained that sufficiently document that a project meets the national objective of addressing slums and blight on an area-wide basis.

Your community must take into consideration **both** the state and CDBG requirements when qualifying a slums/blight area-wide project. First, you should review the State Statute above to make sure the area in question is applicable. Then you should apply the HUD Condition (B) related to **buildings** or **public improvements**. In the case of public improvements, it is insufficient for only one type of public improvement to be in a state of deterioration, the public improvements **taken, as a whole** must **clearly exhibit signs of deterioration**. If both the state and HUD requirements seem to apply to your potential CDBG project, the following process should occur with **all materials sent to OCD as part of your Project Development submissions**.

REQUIRED DOCUMENTATION

1. Written descriptions of the conditions, which you feel, qualify the area at the time of its designation. This description must be in sufficient detail to demonstrate how the area met all criteria. Also included must be the method by which the area was identified and delineated.
2. Support documentation that details the specific conditions that exist in the designated area. This documentation can include, but is not limited to, structural analysis of buildings, engineering studies, local code enforcement officials, planning board actions, public health and safety concerns, and actions taken by other state or local authorities.
3. A detailed map outlining the designated blighted area.
4. A Declaration of Slum and Blight enacted by the legislative body of your community. A sample copy of a Declaration of Slum and Blight is attached.

URGENT NEED

To comply with the national objective of meeting community development needs having a particular urgency, an activity must be designed to alleviate existing conditions which the grantee certifies: 1) pose a serious and immediate threat to the health or welfare of the community; 2) are of recent origin or recently became urgent meaning within 18 months preceding the application; 3) the grantee is unable to finance the activity on its own, and 4) other resources of funding are not available to carry out the activity.

REQUIRED DOCUMENTATION

1. A description of the condition that was addressed, showing the nature and degree of seriousness of the threat it posed;
2. Evidence that the grantee certified that the CDBG activity was designed to address the urgent need;
3. Information on the timing of the development of the serious conditions; and
4. Evidence confirming that other financial resources to alleviate the need were not available.

BENEFICIARY PROFILE — (PI and PF Programs)

STATE OF MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

1. Community: _____
2. Name of Target Area: _____ (If community-wide, state "same as above")
3. Description of Target Area: _____

4. POPULATION

- a. Total Population _____
- b. Total Low/Moderate Income Persons _____
- c. Total Non-Low/Moderate Income Persons _____
- d. Total % Low/Moderate Income Persons _____

5. RACE (INDICATE TOTALS)

- a. White _____
- b. Black/African American _____
- c. Asian _____
- d. Native Hawaiian/Other Pacific Islander _____
- e. American Indian/Alaskan Native _____
- f. Asian & White _____
- g. Am Indian/Alaskan Native & White _____
- h. Black/African American & White _____
- i. American Indian/Alaskan Native & Black/African American _____

6. HOUSEHOLD INFORMATION

- a. Total Number of Elderly _____
- b. Total Number of Severely Disabled _____
- c. Total Female Heads of Households _____

Date Submitted: _____

Authorized Signature: _____

Title: _____

Instructions for completing the Beneficiary Profile

Line 1	State name of community.
Line 2	Give name of target area; state "same as above if community-wide.
Line 3	Give a brief description of target area.
Line 4a	In regard to a target area; use the survey results to determine the total population in the service area. In regard to the entire Town or City being the target area, use the latest census information.
Line 3b	In regard to a target area; use the survey results to determine the total number of Low/Moderate Income persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 3c	In regard to a target area; use the survey results to determine the total number of Non-Low/Moderate Income persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 3d	In regard to a target area; use the survey results to determine the total percent of Low/Moderate Income persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 5a	In regard to a target area; use the survey results to determine the total number of White, not Hispanic persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 5b	In regard to a target area; use the survey results to determine the total number of Black/African American persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 5c	In regard to a target area; use the survey results to determine the total number of Asian persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 5d	In regard to a target area; use the survey results to determine the total number of Native Hawaiian/Other Pacific Islander persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 5e	In regard to a target area; use the survey results to determine the total number of American Indian/Alaskan Native in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 5f	In regard to a target area; use the survey results to determine the total number of Asian & White persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 5g	In regard to a target area; use the survey results to determine the total number of American Indian/Alaskan Native & White persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 5h	In regard to a target area; use the survey results to determine the total number of Black/African American & White persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 5i	In regard to a target area; use the survey results to determine the total number of American Indian/Alaskan Native & Black/African American persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 6a	In regard to a target area; use the survey results to determine the total number of Elderly persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 6b	In regard to a target area; use the survey results to determine the total number of severely disabled persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
Line 6c	In regard to a target area; use the survey results to determine the total number of Female Heads of Households in the service area. In regard to the entire Town/City being the target area, use the latest census information.

HOUSING REHABILITATION BENEFIT DATA SYSTEM
(Single-Family Owner-Occupant)

Applicant Name/number	Unit Address	Family size	LMI (Y/N)	Demographic Codes (w/Number)*	Application Date	Service Provided	CDBG Funds	Other Funds	Total Funds	Grant/ Loan	Work Completed
(SAMPLE) R. J./ # HA 001	25 Elm St.	4	Yes	4W, 2E, 1F, 1D	10/15/00	Rehab	\$7250	\$1000	\$8250	Grant	11/30/00
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*** Demographic Codes:**

(Insert codes after applicable number of household members - i.e. 4W)

W = White A = Asian E = Elderly F = Female B = Black/African American AI = American Indian/Alaskan Native

D = Severely disabled FH = Female Head of Household NH = Native Hawaiian/Other Pacific Islander

AW = Asian & White AIW = American Indian/Alaskan Native & White BW = Black/African American & White

AIB = American Indian/Alaskan Native & Black/African American

HOUSING REHABILITATION PROJECT OCCUPANCY BENEFIT DATA SYSTEM

(Tenant/Multi-Family Occupancy)

Unit Address	Family Name/ File No.	Family size	LMI	Demographic Code* (w/ Numbers)	Application Date	Type of Work	CDBG Funds	Other Funds	Total Funds	Grant/ Loan	Tenant Before Rehab	Tenant After Rehab	Monthly Rent Before Rehab	Monthly Rent After Rehab	Date of Displacement Notice
(SAMPLE) 12 Elm Street Apt. #1	Smith # 008	5	Yes	5B,2F,1D	10/15/00	Rehab	\$15,000	\$3,000	\$18,000	Grant	Smith	Smith	\$450	\$450	10/25/00
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*** Demographic Codes:**

(Insert codes after applicable number of household members - i.e. 4W)

W = White A = Asian E = Elderly F = Female B = Black/African American AI = American Indian/Alaskan Native

D = Severely disabled FH = Female Head of Household NH = Native Hawaiian/Other Pacific Islander

AW = Asian & White AIW = American Indian/Alaskan Native & White BW = Black/African American & White

AIB = American Indian/Alaskan Native & Black/African American

(Guide from General Information to be on Grantee Letterhead)

(date)

NOTICE: Residential Tenant That Will Not Be Displaced

Dear _____,

On (date), (property owner) submitted an application to the Town/City of _____
_____ for financial assistance to rehabilitate the building which you occupy at
(address).

This notice is to inform you that, if the assistance is provided and the building is rehabilitated, you will **not** be displaced. Therefore, we urge you **not** to move anywhere at this time. If you do elect to move for reasons of your choice, you will not be provided relocation assistance.

If the application is approved and Federal assistance is provided for the rehabilitation, you will be able to lease and occupy your present apartment (or another suitable, decent, safe and sanitary apartment in the same building) upon completion of the rehabilitation. Of course, you must comply with standard lease terms and conditions.

After the rehabilitation, your initial rent, including the estimated average monthly utility costs, will not exceed the greater of (a) your current rent and average utility costs, or (b) 30 percent of your average monthly gross household income. If you must move temporarily so that the rehabilitation can be completed, suitable housing will be made available to you for the temporary period, and you will be reimbursed for all reasonable extra expenses, including all moving costs and any increase in housing costs.

Again, we urge you not to move. If the project is approved, you can be sure that we will make every effort to accommodate your needs. Because Federal assistance would be involved, you would be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

This letter is important and should be retained. You will be contacted soon. In the meantime, if you have any questions about our plans, please contact (name, address and phone)

Sincerely,

(Guide from General Information to be on Grantee Letterhead)

(date)

NOTICE: Non-Displacement To Residential Tenant

Dear _____,

On (date), we notified you that the owner of your building had applied for assistance to make extensive repairs to the building. On (date), the owner's request was approved, and the repairs will begin soon.

This is a Notice of Non-Displacement. You will not be required to move permanently as a result of the rehabilitation. This notice guarantees you the following:

1. You will be able to lease and occupy your present apartment (or another suitable, decent, safe and sanitary apartment in the same building or complex) upon completion of the rehabilitation work. Your monthly rent will remain the same or, if increased, your new rent and estimated average utility costs will not exceed 30% of the gross income of all adult members of your household. Of course, you must comply with the reasonable terms and conditions of your lease.
2. If you must move temporarily so that the repairs can be completed, you will be reimbursed for all of your reasonable extra expenses, including the cost of moving to and from the temporarily occupied unit and any additional housing costs. The temporary unit will be decent, safe and sanitary, and all other conditions of the temporary move will be reasonable.

Since you will have the opportunity to occupy a newly rehabilitated apartment, I urge you not to move. If you do elect to move for your own reasons, you will not receive any relocation assistance. We will make every effort to accommodate your needs. Because Federal assistance is involved, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

If you have any questions about our plans, please contact (name, address and phone) _____.

Remember, do not move before we have a chance to discuss your eligibility for assistance. This letter is important to you and should be retained.

Sincerely,

PUBLIC SERVICE BENEFIT DATA SYSTEM

Client Name/number	Family size	LMI	Non-LMI	Demographic Codes (w/Number)*	Application Date	Service Provided	CDBG Funds	Other Funds	Total Funds	Service Completed
(SAMPLE) R. Jones # PS 001	4	X		4W, 2E, 1F, 1D	10/15/00	Job Training	\$250	\$100	\$350	11/30/00
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*** Demographic Codes:**

(Insert codes after applicable number of household members - i.e. 4W)

W = White A = Asian E = Elderly F = Female B = Black/African American AI = American Indian/Alaskan Native

D = Severely disabled FH = Female Head of Household NH = Native Hawaiian/Other Pacific Islander

AW = Asian & White AIW = American Indian/Alaskan Native & White BW = Black/African American & White

AIB = American Indian/Alaskan Native & Black/African American

JOB CREATION BENEFIT DATA SYSTEM

CDBG Economic Development Programs

Name of Business: _____

Employee Number/Name	Job Title Created/Retained	Date of Hire	Full-time	Part-time (50% of Full Time)	LMI	Non-LMI	Demographic Code *
TOTAL:							

* **Demographic Codes:** (Insert codes after applicable number of household members - i.e. 4W)

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D = Severely disabled FH = Female Head of Household NH = Native Hawaiian/Other Pacific Islander
AW = Asian & White AIW = American Indian/Alaskan Native & White BW = Black/African American & White
AIB = American Indian/Alaskan Native & Black/African American

Signature of Company CEO/Official

STATE: MAINE Effective: 1/28/04

-----I N C O M E L I M I T S-----

	PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Bangor, ME MSA									
FY 2004 MFI: 52600	VERY LOW INCOME	18400	21050	23650	26300	28400	30500	32600	34700
	LOW-INCOME	29450	33650	37850	42100	45450	48800	52200	55550
Lewiston--Auburn, ME MSA									
FY 2004 MFI: 49500	VERY LOW INCOME	17350	19800	22300	24750	26750	28700	30700	32650
	LOW-INCOME	27700	31700	35650	39600	42750	45950	49100	52250
Portland, ME MSA									
FY 2004 MFI: 62700	VERY LOW INCOME	21950	25100	28200	31350	33850	36350	38850	41400
	LOW-INCOME	35100	40150	45150	50150	54150	58200	62200	66200
Portsmouth--Rochester, NH--ME PMSA									
FY 2004 MFI: 69600	VERY LOW INCOME	24350	27850	31300	34800	37600	40350	43150	45950
	LOW-INCOME	39000	44550	50100	55700	60150	64600	69050	73500
Androscoggin County									
FY 2004 MFI: 51000	VERY LOW INCOME	17850	20400	22950	25500	27550	29600	31600	33650
	LOW-INCOME	28550	32650	36700	40800	44050	47350	50600	53850
Aroostook County									
FY 2004 MFI: 41300	VERY LOW INCOME	16600	18950	21350	23700	25600	27500	29400	31300
	LOW-INCOME	26550	30350	34150	37900	40950	44000	47000	50050
Cumberland County									
FY 2004 MFI: 53000	VERY LOW INCOME	18550	21200	23850	26500	28600	30750	32850	35000
	LOW-INCOME	29700	33900	38150	42400	45800	49200	52600	55950
Franklin County									
FY 2004 MFI: 43700	VERY LOW INCOME	16600	18950	21350	23700	25600	27500	29400	31300
	LOW-INCOME	26550	30350	34150	37900	40950	44000	47000	50050
Hancock County									
FY 2004 MFI: 50300	VERY LOW INCOME	17600	20100	22650	25150	27150	29150	31200	33200
	LOW-INCOME	28150	32200	36200	40250	43450	46700	49900	53100
Kennebec County									
FY 2004 MFI: 49800	VERY LOW INCOME	17450	19900	22400	24900	26900	28900	30900	32850
	LOW-INCOME	27900	31850	35850	39850	43050	46200	49400	52600
Knox County									
FY 2004 MFI: 50800	VERY LOW INCOME	17800	20300	22850	25400	27450	29450	31500	33550
	LOW-INCOME	28450	32500	36600	40650	43900	47150	50400	53650
Lincoln County									
FY 2004 MFI: 51700	VERY LOW INCOME	18100	20700	23250	25850	27900	30000	32050	34100
	LOW-INCOME	28950	33100	37200	41350	44650	48000	51300	54600

STATE: MAINE Effective Date: 1/28/04

-----I N C O M E L I M I T S-----

	PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Oxford County									
FY 2004 MFI: 44600	VERY LOW INCOME	16600	18950	21350	23700	25600	27500	29400	31300
	LOW-INCOME	26550	30350	34150	37900	40950	44000	47000	50050
Penobscot County									
FY 2004 MFI: 42300	VERY LOW INCOME	16600	18950	21350	23700	25600	27500	29400	31300
	LOW-INCOME	26550	30350	34150	37900	40950	44000	47000	50050
Piscataquis County									
FY 2004 MFI: 38500	VERY LOW INCOME	16600	18950	21350	23700	25600	27500	29400	31300
	LOW-INCOME	26550	30350	34150	37900	40950	44000	47000	50050
Sagadahoc County									
FY 2004 MFI: 54900	VERY LOW INCOME	19200	21950	24700	27450	29650	31850	34050	36250
	LOW-INCOME	30750	35150	39550	43900	47450	50950	54450	57950
Somerset County									
FY 2004 MFI: 42100	VERY LOW INCOME	16600	18950	21350	23700	25600	27500	29400	31300
	LOW-INCOME	26550	30350	34150	37900	40950	44000	47000	50050
Waldo County									
FY 2004 MFI: 47600	VERY LOW INCOME	16650	19050	21400	23800	25700	27600	29500	31400
	LOW-INCOME	26650	30450	34250	38100	41150	44150	47200	50250
Washington County									
FY 2004 MFI: 35900	VERY LOW INCOME	16600	18950	21350	23700	25600	27500	29400	31300
	LOW-INCOME	26550	30350	34150	37900	40950	44000	47000	50050
York County									
FY 2004 MFI: 55800	VERY LOW INCOME	19550	22300	25100	27900	30150	32350	34600	36850
	LOW-INCOME	31250	35700	40200	44650	48200	51800	55350	58900

DECLARATION OF SLUM AND BLIGHT

MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

It is hereby found and declared:

That there exists in the Town/City of _____ a deteriorating, dilapidated, slum and blighted area, dangerous buildings, deficient public improvements and incompatible uses of property, which constitute a serious and growing menace, injurious and inimical to the public health, safety, morals and welfare of the residents of the Town/City of _____.

That the existence of such an area, as shown on the attached map and identified as _____, is found to be consistent with Maine State Statute 30-A, Chapter 205, Section 5202 and regulations set forth by the United States Department of Housing and Urban Development in 24 CFR Part 570.

That the blighted area will be addressed with Community Development Block Grant (CDBG) and other funds through eligible activities, in accordance with all CDBG regulations and Maine State Statute 30-A, Chapter 205, Sections 5201 through 5205.

That the activities to be conducted are designed to eliminate the causes of slum and blight.

The Declaration with attendant documentation is hereby enacted on the _____ of _____, 20__ and is effective from this day forth until such conditions have been remedied through completion of the CDBG project.

AUTHORIZED SIGNATURES

Name

Date

Name

Date

Name

Date

Name

Date

Municipal Seal